



**San Antonio Uniformed Services
Health Education Consortium
San Antonio, Texas**

Protocol for Internal Reviews of SAUSHEC Residencies and Fellowships

I. Purpose. Internal review of SAUSHEC residency and fellowship programs serves an important function of the Graduate Medical Education Committee (GMEC) and meets an ACGME institutional requirement. It assists the program director in meeting an essential requirement for each Residency Review Committee (RRC) reaccreditation visit. Internal review assures the GMEC that the program complies with SAUSHEC policies, military services' instructions and regulations, and all institutional and program requirements of the Accreditation Council on Graduate Medical Education (ACGME). Internal review offers a collegial method for evaluating the strengths and weaknesses of a training program in a setting that does not require a pass-fail decision.

II. Responsible Committee. The GMEC is charged with the oversight and coordination of the internal review process. Internal reviews are performed by committees composed of SAUSHEC program directors, faculty, trainees, and administrators.

III. Frequency of Review. Each training program will undergo an internal review by the date annotated in the RRC Letter of Notification (approximately the accreditation cycle midpoint). The SAUSHEC Manager maintains a list of all SAUSHEC training programs and the dates of their last and projected RRC reviews. The Manager will schedule internal reviews. However, it is ultimately the responsibility of the program director to ensure his/her program receives a timely review. Reviews will also be conducted on non-ACGME accredited programs and the institution following similar guidelines.

IV. Review Committee Composition. Each review committee should consist of at least four persons, all of whom will come from programs other than the one being reviewed: the chair (who is the program director (PD) of another SAUSHEC program); at least one additional faculty member; one administrator, such as a program coordinator or a clinical department administrator; and one senior resident (not intern) or fellow. Additional committee members could include new PDs or associate program directors (APDs) of other SAUSHEC programs, who are assigned to gain understanding of the internal review process. Committee members are selected using a rotating "duty roster" list which ensures representation from both teaching hospitals. In rare instances (such as a short-notice scheduling conflict), the requirement for a faculty member may be waived by the Dean. The chair shall then assume those duties. The Dean may also approve the appointment of an assistant program director as chair.

V. Review Protocol. Each review will follow the GMEC-approved protocol, which establishes the sequence of events in the review, the composition of the review committee, the information to be provided by the program director, the steps which the review committee will take, and the form which the committee must use for its report to the GMEC. The program director of the reviewed program will provide additional, specialty-specific information to the review committee, as required.

A. Sequence of Events in the Review:

1. After being notified of selection, the internal review committee chair and the PD of the reviewed program will coordinate the review period so that clinic schedules can be arranged for committee members (should happen 45 days in advance), as well as faculty and residents to be interviewed. The PD will identify key faculty members who will be interviewed (2 for programs with fewer than 15 trainees and 4 for programs with more than 15 trainees). The PD will ensure that peer-selected representatives of the resident or fellow physicians from each year group (15%-20%, with minimum of 1 resident) are also interviewed. Each internal review committee member will download [from the ACGME web site (www.acgme.org)] and become familiar with the institutional requirements, common program requirements, and the RRC specific program requirements (core and subspecialty) for the program being reviewed. The committee members will base their assessments on these requirements.

2. Seven days prior to review period- Committee chair will receive the completed Internal Review Worksheet from the PD. Chair will ensure all committee members are familiar with the Worksheet and other internal review forms prior to the review. The PD will also provide the committee with a copy of the program's last Metrics Report, Annual Program Assessment, RRC Resident Survey summary, ACGME correspondence, and previous Internal Review Report.

3. Review process- Committee members will meet in separate sessions with the department chair(s), PD, program coordinator, key faculty, and peer-selected representatives of the resident or fellow physicians from each year group (15%-20%, with minimum of 1 resident). The committee will also inspect 15%-20% of resident training folders from each resident year group, with at least one randomly selected. The Committee chair may assign individual components of the review to each member. For example, the resident or fellow member of the committee might be assigned to interview the program's peer-selected residents or fellows. Following interviews and data collection, committee members will meet to discuss their findings and draft their report.

4. Prior to the next GMEC- Committee chair will submit to the SAUSHEC Manager a report summary using the SAUSHEC Internal Review Summary template (PowerPoint presentation) and a detailed report using the SAUSHEC Internal Review Report template (Word document). The SAUSHEC Manager will review the summary and report for completeness and compliance with ACGME requirements.

B. At the next scheduled GMEC meeting after the review is complete, the Dean will present the report summary to the GMEC, which has the final decision to either accept the report as submitted or request that the PD submit additional information before final acceptance. The GMEC will determine whether there are issues that need to be addressed with action plans and followed-up at subsequent GMEC meetings.

VI. The ACGME Competencies: Each program's compliance with ACGME and SAUSHEC requirements and implementation of the ACGME competencies will receive specific attention during the review process. This includes the following assessments:

A. Compliance with the Common, specialty/subspecialty-specific Program, and Institutional Requirements; including:

1. Professionalism, Personal Responsibility, and Patient Safety
2. Transitions of Care
3. Alertness Management/Fatigue Mitigation
4. Supervision of Resident
5. Clinical Responsibilities
6. Teamwork
7. Resident Duty Hours
8. Educational objectives and effectiveness in meeting those objectives
9. Educational and financial resources
10. Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews
11. Effectiveness of educational outcomes in the ACGME general competencies
12. Effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies
13. Annual program improvement efforts in:
 - a. Resident performance using aggregated resident data
 - b. Faculty development
 - c. Graduate performance including performance of program
 - d. Graduates on the certification examination
 - e. Program quality (see Common Program Requirements, V.C.)

VII. Follow-up on issues identified in the review: The SAUSHEC Manager will maintain a database of actions generated from Internal Reviews and ensure that the reviewed program takes appropriate action and submits follow-up reports to the GMEC. Once all identified issues have been resolved, the program's Internal Review report will be closed.

VIII. Record Maintenance. The Dean's signature of the GMEC minutes containing internal review reports attests to completion of the program's internal review, the protocol followed, and any GMEC action. SAUSHEC will maintain a copy of the GMEC minutes to document that the internal review occurred. The SAUSHEC Manager will prepare a Record of Internal Review memorandum for use by each program during its next reaccreditation site visit. The Manager will also maintain a file of support documents for each internal review carried out under this protocol. This file will include a copy of the report summary (slides), committee report (document), and any supplemental report(s).